

MDR Tracking Number: M5-05-1358-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-11-05.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits- level II and III, electrical stimulation unattended, therapeutic exercises, ultrasound, manual therapy technique, massage, durable medical equipment, HCPC code L0450-TLSO - flexible, and functional capacity evaluation were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 2nd day of March 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-1358-01
Name of Patient:	
Name of URA/Payer:	Valley Spine Medical Center
Name of Provider: (ER, Hospital, or Other Facility)	Valley Spine Medical Center
Name of Physician: (Treating or Requesting)	Pedro E. Garcia, MD

February 24, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no

known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Records reviewed included:

1. Designated Doctor report by Michael M. Leonard, MD dated 4/9/04 (5 pages);
2. Valley Spine Medical Center notes from 1/13/04 through 12/10/04 (approximately 80 pages);
3. Five TWCC work status reports from 2/9/04 through 6/28/04 by Pete E. Garcia, MD; and
4. MRI of the lumbar spine dated 9/25/04, interpretation by Marc Berger, MD, POA.

36-year-old male was injured to the abdomen and lower back while at work on _____. Injury diagnosed as facet syndrome and mechanical lower back pain.

REQUESTED SERVICE(S)

Office visit – level II; electrical stimulation – unattended; therapeutic exercises; ultra sound; manual therapy technique; massage therapy; DME, office visit – level III; TLSO; functional capacity evaluation for dates of service 1/13/04 through 7/14/04.

DECISION

Uphold denial.

RATIONALE/BASIS FOR DECISION

Concur with the denial of the requested services. This patient has a diagnosis, from the records available, of chronic pain. Long standing undisciplined treatment of chronic pain and chronic pain syndrome is not supported by the current peer reviewed literature. Refer to Drs. J.J.P. Patil and J.C. King's pivotal work in this area. One may also refer to the Quebec Task Force in supplement to Spine, September 1987.